WHERE DOES THE DOCTOR COME IN?

To the Editor of the STATE JOURNAL:

Dear Sir: At a meeting of the San Francisco County Medical Society, held Jan. 6, 1914, the plans of the Industrial Accident Board of the State of California, were unfolded to the medical profession.

It is not my purpose to question the economics of this movement, but one point is not clear to me. It was stated that the cost of this insurance falls on the "ultimate consumer." Every employer raises the price of his commodity and the employees constituting the larger proportion of the population pay the larger part of the tax. Does it really work out that way? Wages in this state are higher than in any community and the manufacturers are pretty well handicapped now in trying to compete with other communities and countries. Can they raise the price of their commodities?

Again, add together the employees of the railroads, street-car companies, telephone, gas and electric corporations, the sum would approximate if not exceed one-half the employees of the state. Do you believe for one instant that the various commissions appointed for the sole purpose of reducing the rates of these corporations will allow a raise? However, we are mainly interested in the effect of this measure on the medical profession. As I listened to the honeyed phrases of what this board is going to do for the medical profession, they sounded very familiar. I am coming to the belief in reincarnation. Methinks that thousands of years ago in a previous incarnation I heard those same phrases on the banks of the Euphrates. "Just compensation" forsooth! Just the compensation that the barnyard fowl of the story received, in just the same segment of the vertebral column and with just the same carpenter's implement. You may recall the days of the San Francisco fire; laborers received three dollars a day for eight hours' work, six days a week; the medical man received $100.00 a month 24 hours a day and seven days a week. Are the medical men employed by the Board paid by piecework? Nay, nay, so much a month, no matter how much they may be obliged to do.

How about the insurance company? Have you heard? Ten per cent. of the premium collected for which the doctor not alone attends the patient, furnishes medicines and dressings, but pays the hospital expenses as well, should a stay in a hospital be required. What happens to the man who still has faith in his reguar medical attendant? He and his doctor are watched by a State Inspector (let us hope he has some idea of surgery) and the moment said inspector feels that he can do the job better, the patient is carted, nolens volens, to a hospital. And what hospital? The state will contract with some institution to take care of its dependents. Will it send them to one of the so-called contract hospitals? Oh no, they are under the ban of the medical societies. A contract will be made with the university hospitals and I am wondering what the labor organizations will say when they learn that their members have become clinical material.

There is, moreover, a far greater aspect to this movement. Kindly file the following statement somewhere for future reference! When the state legislature meets in January, 1917, the Accident Industrial Board, proud of its success and moved by the "progressive" spirit of the times, will introduce a bill extending its functions to include all sickness. Of course there must be a maximum wage limit and it will be fixed where the income tax begins, $3000 a year. And where will poor robin be then?

The only hope for the medical man who is not in the employ either of the state or an insurance company, is lost. He is facing the problem his confreres have faced in Europe and his time for action is now. But if he applies to his county society, the one organized body to which he can appeal, what is the answer? Contract practice is not ethical.

The time has come and the need is urgent that every medical man must join his county society and see that immediate action is taken for the protection of himself and those dependent on him.

H. B. A. KUGELER.

THE INDUSTRIAL COMPENSATION ACT.

The state law which went into effect January 1st and which provides for the care, treatment and compensation of an injured employe, touches our profession immediately and in many essential ways, for obviously, an injured person must be treated by a physician as soon as possible and thereafter attended by a doctor until he is well. Two quite interesting meetings were held, one in December in Oakland, the meeting of the Alameda County Medical Association, and the other in January, at the San Francisco County Medical Society; the former was addressed by Mr. Pillsbury, of the commission, and the latter by Mr. French, of the commission, and by Dr. Morton Gibbons who has been appointed the medical officer at the head of the insurance feature of the act. A number of points of great interest were brought out at these meetings. Under the law, the employer has the right to call or designate what physician shall treat the injured person; when the employer has insurance, this right is transferred to the insurance company. The patient has nothing to say about it. The commission has very wide powers to adjust difficulties and differences that may arise and it is admitted, unofficially, that possibly in some instances the patient may be permitted to have something to say in the matter of his physician. The commission state that the vast majority of accidents are trivial and that the employed and injured person is not kept from his work for more than two weeks; for this reason no compensation is allowed for that period of time and unlimited medical or surgical attendance may be provided. Arrangements have been made by many, and are being made by all the rest, of the insurance companies, with hospitals and with physicians to do this accident work at special rates. Naturally, the amount of these proposed rates is a question of great interest to all concerned. The commission states

that the amount to be paid physicians for their work should be commensurate with the income of the injured person; that the charge should be what he ordinarily would be charged by the doctor if he had to pay the bill himself and not have it paid by the employer or the insurance company; there seems a good deal of reason in that contention. Many of the companies—some sixteen or more, we believe—have formed a schedule of fees that seem to be very much too low except as applied to the very poorly paid, if we are to consider the matter as being measurable by the amount of wages or salary paid to the injured employe. Many physicians have been asked to sign a blank contract-form agreeing to accept these fees and to undertake to do the accident work for the company at these terms. The state insurance department has not taken this course of action and has not asked the physicians whom it has approached on the subject to sign any such contract; they intimate that the fees which their company (for the state has gone into the insurance business on the same general lines as any company and so may be referred to as such) will pay will be, in most cases, higher than those indicated by the other companies. It would not seem wise, therefore, for any of our members to sign contracts at the present time. It is not reasonable to expect a good surgeon to set a fractured arm or leg for $12.50 and to treat the patient thereafter for $1.00 per. Furthermore, there is nothing in the law to prevent the injured person from suing the doctor for alleged malpractice, if he chooses, though he may not sue the employer. It looks very much as though a good many such suits for damages against doctors would be brought as a result of this act, and as the State Society defends its members in these suits, it would seem to be very wise to consider whether the Society should accept for membership, or at least defend any suit against, a physician who contracts to do this work at these small fees.

OTHER PROBLEMS BROUGHT UP.

Furthermore, is it fair to divert the practice that would naturally go to the family physician, to some physician who has entered into these contracts? And what is to be the position of the doctor who is called in an emergency and first treats the patient? It might be serious if not fatal to keep an injured person waiting without treatment until the services of the particular physician of some particular insurance company could be secured. The commission has unofficially stated that the reasonable bill of a physician for his emergency work will undoubtedly be allowed. That is good for the state insurance company, but can the other companies be forced to take a similar line of action in dealing with the first-aid physician? The powers of the commission are large and it is believed that they can force the other companies to do so, but the point is uncertain. How is this act going to influence the contract-practice evil, already too vicious a one and growing? Will employers demand that their employes become members of some one of the hospital associations that furnish medical and surgical treatment (of its kind!) for one dollar a month, and not go to the expense of taking out insurance? Will they demand that one seeking employment shall be thoroughly examined as to his physical fitness before giving him a job? Several large employers of labor have already instructed their employes that they must be examined and that no one not absolutely sound physically can be retained in their employ. Many a man is not quite sound physically but is well enough to do the work he is engaged upon, even though his unsoundness makes him a little more likely to be the subject of an accidental injury, trifling or otherwise. Just how this act is going to work out, it is of course impossible to say. Indeed there are many points upon which the commission is itself in doubt and which only the future can solve. There are some things, however, that we can accept as almost certain: this form of state indemnity and insurance has come to stay, in one form or another, and the best thing we can do is to try and mold it better and not endeavor to oppose it. It would also seem to be pretty clear that it will tend to increase the contract-practice evil and so it is essential for us to consider this in its relation to the State Society and membership therein.

INDUSTRIAL ACCIDENT LAW.

(Speech in part of Will J. French, Commissioner of the Industrial Accident Commission, delivered before the San Francisco County Medical Society on Tuesday evening, January 6, 1914.)

Mr. Chairman, Ladies and Gentlemen: Mr. A. J. Pillsbury, chairman of the Industrial Accident Commission, is, unfortunately, on the sick list this evening, and he has requested me to keep the appointment to discuss with the members of the San Francisco County Medical Society the new compensation law which became effective on the first day of this month.

The National Council for Industrial Safety estimates the number of killed and injured in the industries of the United States each year at 2,035,000. Just think what this means! Every hour 232 workmen killed or injured; every 15 minutes a workman killed; every 16 seconds a workman injured. These stupendous figures are corroborated by Doctor Frederick L. Hoffman, perhaps the leading statistician of the country, and W. J. Ghent, also an authority, believes they are conservative indeed.

No one can depict what this waste of human life and energy means, because no man's life can be accurately measured in terms of dollars and cents, and the loss to the Nation is so great that it is high time the best thought available was directed toward a solution of the loss. When it is believed by careful students that nearly half of these deaths and injuries could be prevented, the loss on the ledger of social efficiency is even more striking than a first glance at the figures might indicate.

BIRTH OF THE COMPENSATION MOVEMENT.

A few years ago a group of men and women investigated some of the causes of poverty in our industrial centers. It was found that industrial accidents and their consequences came third on the list, preceded by sickness and unemployment. The